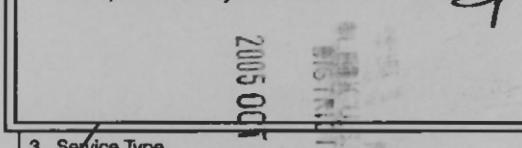


United States District Court  
For the District of Delaware

Acknowledgement of Service Form  
For Service By Return Receipt

Civil Action No. 05-660 KAJ

Attached below is a return receipt card reflecting proof of service upon the named party on the date shown.

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <i>M. L. Amon</i></p> <p>B. Received by (Printed Name) <i>M. L. Amon</i></p> <p>C. Date of Delivery <i>10/4/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>SP</i></p> <p style="text-align: center; margin-top: 10px;">  </p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail   <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered   <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail   <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to:  <b>WARDEN TOM CARROLL DELAWARE CORRECTIONAL CENTER 1181 PADDOCK RD. SMYRNA, DE 19977</b>		2. Article Number <i>(Transfer from service label)</i> <b>7002 2030 0003 0326 0134</b>	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	